

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



May 4, 2000

ALL COUNTY INFORMATION NOTICE NO. I-48-00

TO: ALL COUNTY WELFARE DIRECTORS
 ALL CaWORKs PROGRAM SPECIALISTS
 ALL IV-D DIRECTORS
 ALL WELFARE TO WORK COORDINATORS
 ALL MEDI-CAL PROGRAM SPECIALISTS/LIAISONS

REASON FOR THIS TRANSMITTAL

☒ State Law Change
☐ Federal Law or Regulation Change
☐ Court Order
☒ Clarification Requested by One or More Counties
☒ Initiated by CDSS

SUBJECT: REVISED CaWORKs FORMS: CW 2.1 NA, CW 2.1 Q, CW 23,
 CW 25, CW 31, CW 40, CW 43, CW 60, CW 71, CW 73, CW 82,
 CW 86, CW 371

REFERENCE: ASSEMBLY BILL (AB) 1542, CHAPTER 270, STATUTES OF
 1997

This notice transmits copies of the revised versions of the following forms for the California Work Opportunity and Responsibility to Kids (CaWORKs) Program:

CW 2.1 NA	3/00	Notice and Agreement for Child, Spousal and Medical Support
CW 2.1 Q	3/00	Support Questionnaire
CW 23	3/00	Senior Parent Statement of Facts
CW 25	3/00	Supplemental Statement of Facts – Minor Parent
CW 31	3/00	Receipt for Documents
CW 40	3/00	CaWORKs - Reduced Income Supplemental Payment Request
CW 43	3/00	CaWORKs Applicant Choice Form, Immediate Need Payment/Expedited Grant
CW 60	3/00	Release of Information - Financial Institution
CW 71	3/00	Statement of Cash Aid Mother and Unrelated Adult Male
CW 73	3/00	Senior Parent Monthly Income Report
CW 82	3/00	Coversheet and Agreement to Sell Property
CW 86	3/00	Agreement - Restricted Account
CW 371	3/00	Referral to Local Child Support Services Agency

The forms are revised to conform to CaWORKs eligibility requirements. Changes have also been made to improve clarity and organization of the forms. Counties should begin using the revised forms as soon as administratively feasible.

Attachment A contains the Appendix, which includes the forms transmitted with this All County Information Notice (ACIN).

Forms Designation and Modification of Forms

Except for the CW 31, Receipt for Documents, the forms transmitted with this ACIN are designated as "Required Form - Substitute Permitted." Welfare Departments must obtain prior approval from the California Department of Social Services (CDSS) and/or the Department of Health Services (DHS) before implementing a modification or substitution to these and other "Substitute Permitted" forms. For CalWORKs and Food Stamp program changes, the procedures for submission of a change request are outlined in Management and Office Procedures Regulations 23-400.22 and the Food Stamp Handbook Regulations 63-1250. For Medi-Cal changes or substitutions, County Welfare Departments should forward requests to the Department of Health Services, Medi-Cal Eligibility Branch.

Camera-Ready Copies

After you receive a copy of an English form, or a Notice of Action (NOA) message, please allow six to eight weeks for the form or message to be translated and mailed to your CalWORKs Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Cambodian, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms or messages from LTS. To order additional camera-ready forms or messages in Spanish, Chinese, Cambodian, Vietnamese or Russian, fax your request to LTS at (916) 657-3429 or e-mail it to LTS@dss.ca.gov.

For a camera-ready copy and/or an additional copy of an English form, please call Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms (not including messages) from the CDSS web page at: <http://www.dss.cahwnet.gov>. FMU is currently in the process of making forms available on the Internet. If the name, mailing address or e-mail address of your CalWORKs Forms Coordinator changes, please contact FMU by telephone at (916) 654-1282 or by e-mail to fmu@dss.ca.gov.

Translations

Your CalWORKs Forms Coordinator is to distribute forms and NOA messages to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English speaking populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq) and by the state regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115. Among other things, this regulation section requires that you provide forms in the applicant's or recipient's primary language.

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Stock

State produced stock of the English and Spanish language versions for these forms will be available 30 to 60 days after the release of this letter. Stock of each form may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

Contacts

If you have any questions or need further information regarding the forms-related issues in this letter, please contact the following staff regarding the specific program areas:

- Letter and Appendix: Jackie Shelley @ jackie.shelley@dss.ca.gov, (916) 654-1061 or CALNET (916) 454-1061
- Food Stamp Program: Cindy MacDonald at (916) 654-1898 or CALNET 454-1898
- Child Support Services: Linda Estelle at (916) 654-3173 or CALNET 454-3173
- Asian/Spanish translations: Shirley LuKung at (916) 654-1277 or CALNET (916) 454-1277
- Medi-Cal: Alice Mak at (916) 654-0573 or CALNET (916) 454-0573

Sincerely,
***Original document
signed by
Charr Lee Metsker
on May 4, 2000***

CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachments

c: CWDA
CSAC

APPENDIX

<u>Appendix</u>	<u>Form Number</u>	<u>Form Name</u>
A	CW 2.1 NA	Notice and Agreement for Child, Spousal and Medical Support
B	CW 2.1 Q	Support Questionnaire
C	CW 23	Senior Parent Statement of Facts
D	CW 25	Supplemental Statement of Facts - Minor Parent
E	CW 31	Receipt for Documents
F	CW 40	CalWORKs - Reduced Income Supplemental Payment Request
G	CW 43	CalWORKs Applicant Choice Form, Immediate Need Payment/Expedited Grant
H	CW 60	Release of Information - Financial Institution
I	CW 71	Statement of Cash Aid Mother and Unrelated Adult Male
J	CW 73	Senior Parent Monthly Income Report
K	CW 82	Coversheet and Agreement to Sell Property
L	CW 86	Agreement - Restricted Account
M	CW 371	Referral to Local Child Support Services Agency

**NOTICE AND AGREEMENT FOR
CHILD, SPOUSAL AND MEDICAL SUPPORT****Complete one form for each absent parent
or alleged father.****Assignment and Cooperation Rules**

You must assign (give to) the county any rights you may have for:

- Any child or spousal support payments you get while receiving cash aid.
- Medical support you get while getting Medi-Cal.

The receipt of a cash aid payment and/or Medi-Cal Benefits Identification Card (BIC) will assign the past and present support rights of all persons for whom you are requesting cash aid and/or medical assistance. You will be sent facts on the amount of support the county gets from the absent parent(s).

Cooperation

You must cooperate with the county and the Local Child Support Agency (LCSA) to:

- Identify and locate any absent parent/alleged father in your case;
- Tell the county or LCSA any time you get facts about the absent parent/alleged father, such as place of residence or work location;
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate by completing this Notice and Agreement;
- Complete the Child Support Questionnaire for each absent parent or alleged father;
- Establish paternity and get child and/or spousal support;
- Submit to genetic testing if paternity is in question;
- Obtain any other payments or property due any member of your assistance unit;
- Obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- Tell the county about medical coverage or money for medical services paid by the absent parent and complete the Health Insurance Questionnaire form (DHS 6155);
- Give the LCSA any medical support money from any absent parent, and any child/spousal support money you get;
- Appear at the county or LCSA office to sign papers or give required facts;
- Appear at hearings or in court when necessary;
- Fill out and sign an Attestation Statement, if asked by the LCSA. On this form you declare under penalty of perjury that you have given all the facts you know about the absent parent/alleged father. If you sign the form and you do not report all the facts or give wrong facts, you can be fined or sent to jail/prison.

Benefits of Cooperation

Your cooperation can help you and your child(ren). Finding the absent parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The LCSA will continue enforcement after you go off cash aid or Medi-Cal unless you make a request in writing to the LCSA to stop.

Good Cause for Not Cooperating

- Good cause is the right to refuse to cooperate because it is not in the best interests of you or your child(ren).
- You have the right to claim good cause for not cooperating if you have an acceptable reason for refusing to cooperate with the county and the LCSA.
- The back of this form gives you facts about good cause. If you want more facts about good cause and/or refusal to cooperate, ask your worker to explain them to you.

Penalty for Refusal to Cooperate

If you do not have good cause, there are penalties if you refuse to assign support rights, refuse or fail to give the county any support given to you by the absent parent(s), or refuse to cooperate with the LCSA, including in determining paternity.

- **For cash aid applicants/recipients:**

- If you refuse to assign support rights or refuse/fail to give the county any support given to you, you will not be eligible for cash aid or Medi-Cal. Your child(ren) may still be eligible for aid/benefits and your case will be referred to the LCSA.
- If you refuse or fail to cooperate in the paternity or support enforcement process, your family's grant will be lowered by 25 percent until you cooperate and you may not get Medi-Cal. This penalty ends effective the first day of the month in which you do cooperate.

- **For applicants/beneficiaries of Medi-Cal Only:** You will not be eligible for Medi-Cal benefits, but your child(ren) may still be eligible.

Certification and Agreement:

- I understand my rights and responsibilities as written on this notice.
- I understand the rules for assigning support rights to the county.
- I also understand my right to claim good cause.

☐ I agree to cooperate with the county and the LCSA as listed above.

☐ I claim good cause and refuse to cooperate at this time.

NAME OF ABSENT PARENT/ALLEGED FATHER

☐ I refuse to assign child/spousal support rights (cash aid).

☐ I refuse to assign medical support rights (cash aid and Medi-Cal).

Signature of Parent or Caretaker Relative,
or Medi-Cal Applicant/Beneficiary

Date

Case Name

Case Number

I certify that I have notified the applicant, cash aid recipient, or Medi-Cal beneficiary of his/her rights and responsibilities by means of this notice and orally as needed.

County Worker's Signature

Worker's Number

Date

YOUR RIGHT TO CLAIM GOOD CAUSE

Reasons for Claiming Good Cause:

- Cooperation would increase the risk of physical, sexual, or emotional harm to the child(ren).
- Cooperation would increase the risk of domestic abuse for the parent or caretaker relative.
- The child(ren) was conceived due to incest or rape.
- Court proceedings are going on for the adoption of the child(ren).
- You are working with an adoption agency to help you decide whether to keep or place the child(ren) for adoption.
- You are cooperating in good faith but are not able to identify or help locate the absent parent.
- You have other credible reasons why cooperation would not be in the best interest of the child(ren).

How to Claim Good Cause:

- If you want to claim good cause, you must tell your worker. You can do this whenever you believe you have good cause not to cooperate.
- You must also complete and sign the Good Cause Claim form which your worker will give you.
- If you claim good cause, you must:
 - Give the county proof that you have good cause for refusing to cooperate.
 - Give the proof to the county within 20 days of claiming good cause. The county will give you more time if it determines that you need more than 20 days to get your proof.
- If you are claiming good cause and it is not possible for you to get proof, tell the worker.

The Role of the County:

- The county reviews your Good Cause Claim and the proof you provide and decides whether you have good cause.
- The county investigates your facts.
- The county will tell you when you need to provide:
 - more proof to support your good cause claim, and/or
 - additional facts so that it will not be necessary to contact the parent or alleged father.

What Is Acceptable Evidence to Claim Good Cause for Not Cooperating?

- Birth certificates, medical/mental health, rape crisis, domestic violence program, or police/sheriff records that show that the child(ren) was conceived due to incest or rape.
- Records that show you have asked for help for abuse to you and/or the child(ren); or records that show evidence of abuse. These records can be from police/sheriff, governmental agency, or court records; facts from a domestic violence program or a professional from whom you have asked for help in dealing with abuse; physical evidence of abuse, or any other evidence that supports an exemption from the cooperation rules.
- Court documents or other records that show that a legal adoption is pending in court.
- A written statement from an adoption agency confirming that you are being helped to decide whether to keep or place your child(ren) up for adoption.
- Credible sworn statements under penalty of perjury about the history of abuse or the increased risk of abuse, from either you or other people who know about the reasons for your good cause claim for not cooperating.

The Role of the Local Child Support Agency (LCSA):

- If you request a hearing on the issue of good cause, the LCSA may take part in that hearing.
- The LCSA may try to establish paternity or collect child support if:
 - Establishing paternity or collecting child support will not increase risk of harm to you or the child(ren).
 - You do not have good cause for refusing to cooperate.
- After the county tells the LCSA that an applicant/recipient has claimed to be exempt from the cooperation rules, the LCSA will not pursue child support enforcement activities unless the applicant/recipient asks for these actions to begin or to begin again.

SUPPORT QUESTIONNAIRE

Instructions:**You must answer ALL questions.**

COMPLETE ONE FORM FOR EACH PARENT ABSENT FROM THE HOME OR EACH UNMARRIED FATHER IN THE HOME. Use ink. Print answer. Check Yes, No, or Unknown. Use a separate piece of paper if you need more room.

FOR COUNTY USE ONLY	
CWD CASE NAME	FSD CASE NAME
CWD CASE NUMBER	FSD CASE NUMBER
CWD WORKER NAME/NO.	FSD WORKER NAME/NO.
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ()
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO ABSENT PARENT/UNMARRIED FATHER IN THE HOME <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Other			

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE PARENT ABSENT FROM THE HOME OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER (SSN)		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE	BIRTH PLACE
LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	RACE
CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.			
WHEN WAS THIS ADDRESS CURRENT?	TELEPHONE NUMBER ()	WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?				DOES THIS PARENT LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO
B. WHAT KIND OF INCOME DOES ABSENT PARENT HAVE? <input type="checkbox"/> Earnings <input type="checkbox"/> Unemployment or Disability Insurance Benefits <input type="checkbox"/> Social Security <input type="checkbox"/> None <input type="checkbox"/> Other						
LAST KNOWN EMPLOYER		TELEPHONE NUMBER ()				
STREET ADDRESS		TYPE OF WORK				
CITY	STATE	ZIP	UNION MEMBER? <input type="checkbox"/> YES, UNION NAME <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
WHEN DID THIS PARENT LAST WORK THERE?		UNION ADDRESS:				
C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		WHO IS COVERED?				
NAME OF INSURANCE		POLICY NUMBER			DATE OF COVERAGE	
D. PARENTS ARE OR HAVE BEEN		<input type="checkbox"/> MARRIED DATE _____ WHERE _____		<input type="checkbox"/> DIVORCED DATE _____ WHERE _____		<input type="checkbox"/> SEPARATED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> LIVING TOGETHER
E. IS THERE A COURT ORDER FOR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PENDING		AMOUNT ORDERED \$	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER	LOCATION OF COURT (COUNTY & STATE)
HOW DOES THE PARENT PAY? <input type="checkbox"/> TO YOU <input type="checkbox"/> TO COUNTY <input type="checkbox"/> PAYS HOUSEHOLD BILLS <input type="checkbox"/> PAYROLL DEDUCTION <input type="checkbox"/> OTHER				WHEN DID PARENT LAST PAY?		HOW MUCH? \$
F. NAME OF A FRIEND OR RELATIVE OF ABSENT PARENT		RELATIONSHIP TO ABSENT PARENT			TELEPHONE NUMBER ()	
ADDRESS (NUMBER AND STREET)		CITY			STATE	ZIP
G. DOES THIS PARENT OWN ANY MOTOR VEHICLES? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		MAKE	MODEL	YEAR	LICENSE NO.	STATE
H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		WHAT/WHERE				
I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		WHAT COUNTY OR STATE?				
J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IF YES, WHEN/WHERE				
K. HAS THIS PARENT EVER BEEN IN THE MILITARY <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		IF YES, WHEN/WHAT BRANCH				

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS ABSENT PARENT OR UNMARRIED FATHER

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS ABSENT PARENT OR UNMARRIED FATHER					PATERNITY DECLARATION		
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	MFG	<input type="checkbox"/> YES <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> NO COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	MFG	<input type="checkbox"/> YES <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> NO COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	MFG	<input type="checkbox"/> YES <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> NO COUNTY
NAME OF CHILD	<input type="checkbox"/> M <input type="checkbox"/> F	SSN	BIRTHDATE - -	BIRTHPLACE, CITY, STATE	MFG	<input type="checkbox"/> YES <input type="checkbox"/> DATE SIGNED	<input type="checkbox"/> NO COUNTY

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

I don't want other child support enforcement services.

SIGNATURE	DATE
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SENIOR PARENT STATEMENT OF FACTS

(Supplement to the SAWS 2)

CASE NAME

CASE NUMBER

The rules say that when a minor parent (up to age 18) applies for cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete form, your cash aid and cash-based Medi-Cal may be **changed or stopped**.
- If you have questions, ask your worker.

1. Does your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings accounts; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc.?
- ☐ YES ☐ NO

NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN
		\$	
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN
		\$	

2. Does your parent(s) support other persons living in the home and claim them as Federal tax dependents? ☐ YES ☐ NO
- If YES, list name of person(s) and relationship.

NAME	RELATIONSHIP	NAME	RELATIONSHIP

3. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If YES, give name of person(s), amount paid and ATTACH proof. ☐ YES ☐ NO

NAME	AMOUNT PAID	NAME	AMOUNT PAID
	\$		\$

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I get more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that failing to report information or true facts can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
- I understand that the facts I report may result in my benefits being denied, lowered or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and are complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE INCOMPLETE

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED



COUNTY USE ONLY

SUPPLEMENTAL STATEMENT OF FACTS - MINOR PARENT

The Minor Parent Rule says you can get cash aid if you are under 18 years of age and have never been married and are pregnant or have a dependent child in your care, only if you and your child live with your parent(s), legal guardian, other adult relative, in a group home, or in a maternity home. Your cash aid will be paid to that adult.

The Minor Parent Rule may not apply if you meet one of the following conditions:

- 1) A child protective services worker determines that it's not physically or emotionally safe for you to live with your parent(s) or legal guardian; or
- 2) Your parent(s) or legal guardian is dead; or you don't know where they live; or they won't let you live with them; or

- 3) You have lived apart from your parent(s) or legal guardian for at least one year before the birth of your child or application for cash aid; or
- 4) You are legally emancipated.

If you are living apart from your parent(s) or legal guardian, and one of the above-listed conditions apply, your case will be referred for minor parent services.

Complete the questions below. If you need more space, attach another sheet of paper. If you need help, ask your worker.

1 YOUR NAME (FIRST, MIDDLE INITIAL, LAST)		DATE OF BIRTH		SOCIAL SECURITY NUMBER		COUNTY USE ONLY	
CURRENT ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD, ETC.) APT. NO.				PHONE NUMBER		CASE NAME	
CITY		ZIP CODE		MESSAGE PHONE NUMBER		CASE NUMBER	
2 DO YOU LIVE WITH YOUR PARENT(S), OR A LEGAL GUARDIAN, OR IN A GROUP OR MATERNITY HOME?						EW NAME AND NUMBER	
<input type="checkbox"/> YES If "YES", list who and relationship and sign and date item 7 in the Certification Section.						PHONE NUMBER	
<input type="checkbox"/> NO If "NO", explain why not and for how long and complete items 3 through 7 .							
3 NAME OF YOUR MOTHER (FIRST, MIDDLE INITIAL, LAST)				CONTACT PHONE NUMBER			
CURRENT ADDRESS		NUMBER, STREET		CITY		STATE ZIP CODE	
4 NAME OF YOUR FATHER (FIRST, MIDDLE INITIAL, LAST)				CONTACT PHONE NUMBER			
CURRENT ADDRESS		NUMBER, STREET		CITY		STATE ZIP CODE	
5 DOES THE OTHER PARENT OF YOUR CHILD(REN) OR UNBORN LIVE WITH YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO						REFERRED TO CWS ON _____	
OTHER PARENT'S NAME (FIRST, MIDDLE, LAST)		DATE OF BIRTH		PHONE NUMBER			
CURRENT ADDRESS		NUMBER, STREET		CITY		STATE ZIP CODE	
6 LIST EVERYONE LIVING IN THE HOME. IF YOU ARE PREGNANT, LIST CHILD AS "UNBORN" AND GIVE DUE DATE.						COMMENTS:	
NAME OF YOUR CHILD		DATE OF BIRTH OR DUE DATE		SOCIAL SECURITY NUMBER			
NAME		RELATIONSHIP TO YOU		NAME		RELATIONSHIP TO YOU	
NAME		RELATIONSHIP TO YOU		NAME		RELATIONSHIP TO YOU	
CERTIFICATION							
I understand I must meet the minor parent rule or an exemption to the rule to get cash aid.							
I authorize the county to check and verify the facts I provided on this statement of facts.							
I declare under penalty of perjury under the laws of the United States and the State of California that the information in this statement of facts is true, correct, and complete.							
7 YOUR SIGNATURE				DATE			
SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT				DATE			
CWS SUPERVISOR						DATE	
SOCIAL WORKER NAME/NUMBER							
CWS PHONE NUMBER							

RECEIPT FOR DOCUMENTS

COUNTY NAME	APPLICANT/RECIPIENT'S NAME	SOCIAL SECURITY NUMBER

THIS COUNTY RECEIVED THE FOLLOWING:

- | | |
|---|---|
| <input type="checkbox"/> CW 7/ SAWS 7/MC 176 _____
MONTH | <input type="checkbox"/> Report Cards/School Attendance Records |
| <input type="checkbox"/> Birth Certificate(s) | <input type="checkbox"/> Dependent Care Verification |
| <input type="checkbox"/> Social Security Card Number Verification | <input type="checkbox"/> Rent Receipt |
| <input type="checkbox"/> Citizenship/Non-Citizen Records/MC 13 | <input type="checkbox"/> Utility Bills |
| <input type="checkbox"/> Pregnancy Verification | <input type="checkbox"/> Medical Bills |
| <input type="checkbox"/> Pay Stub(s): | <input type="checkbox"/> Immunization Records |
| <input type="checkbox"/> Other: _____ | |

RECEIVED BY	TITLE	DATE RECEIVED

CalWORKS - REDUCED INCOME SUPPLEMENTAL PAYMENT REQUEST

YOU MAY GET EXTRA MONEY IF THE COUNTY IS COUNTING INCOME AGAINST YOUR CASH AID AND THAT INCOME HAS DROPPED OR STOPPED.

- You must use this form to ask for the extra money.
- You can only get extra money if your income, other than cash aid, dropped or stopped. You cannot use this form to get extra money for other reasons such as birth of a child, clothing needs for children returning to school, or if you need to move.
- You must apply in the month that you need the extra money, not before or after.
- You must complete and return a separate form during each month that the county is counting income that has dropped or stopped.

The county must determine your eligibility for extra money within 7 working days after the date this completed form is received. If you don't need the form this month, keep it for later.

Questions? Ask your worker.

Worker Name: _____

Phone: () _____

1. Complete the following:

CASE NAME	YOUR SOCIAL SECURITY NUMBER
-----------	-----------------------------

2. Explain about the income that dropped or stopped. Complete below:

What Income Changed?	When?	Why Did It Change?

3. Attach proof of the change in income (Job Termination Notice, Social Security Notices, Disability/Unemployment Insurance Notices, Statements, etc.). If you have no proof, list the employer or agency that can be contacted:

EMPLOYER/AGENCY	PHONE () _____
ADDRESS	

4. List money you expect to get this month of _____ (CURRENT MONTH). (Do not list your grant amount.)

INCOME	SOURCE OF INCOME
Gross Earnings \$	
Other Income \$	

CERTIFICATION

- I understand that the statements I have made on this form are subject to investigation and verification including contacting the above named person, employer or agency.
- I further declare under penalty of perjury under the laws of the United States of America and the State of California that the statements I have given on this form are true and correct to the best of my knowledge.
- I authorize the county to obtain any verification of income and circumstances necessary to process this request. This authorization is valid for 30 days from the date signed.

SIGNATURE	DATE SIGNED
SIGNATURE OF SPOUSE OR OTHER ADULT RECIPIENT	DATE SIGNED
PHONE () _____	MESSAGE PHONE () _____

On this form, disclosure of your Social Security Number (SSN) is voluntary. The SSN will be used to identify you and your records. If we cannot identify you, you may not get any extra money.

COUNTY USE ONLY

DATE POSTMARKED	SUPPLEMENTAL MONTH
CASE NUMBER	WORKER NAME/NUMBER
A. ACTUAL GRANT AMOUNT (RISP Month) \$	
B. RISP MONTH ESTIMATED NET INCOME	
1. Total Disability-Based Unearned Income (Income of AU and Non-AU Members)	\$ _____
2. \$225 Disregard	- _____
3. Subtotal Nonexempt Disability Based Income (B1 minus B2) (Enter positive amounts in B9) (Enter negative amounts in B5)	= _____
4. Gross Earned Income (AU and Non-AU)	\$ _____
5. Remainder of \$225 Income Disregard (Enter amount from line B3 if negative)	- _____
6. Subtotal Earned Income (B4 minus B5)	= _____
7. 50% Earned Income Disregard (B6 divided by 2)	- _____
8. Subtotal (B6 minus B7) (Net Nonexempt Earned Income)	= _____
9. Nonexempt Unearned Disability Based Income (Enter amount from line B3 if positive)	+ _____
10. Other Countable Income of Family	_____ + _____
11. Net Nonexempt Income of Family (Sum total of B8, B9 and B10)	\$ _____
C. RISP MONTH AVAILABLE INCOME	
1. Actual Grant Amount (Enter from A)	\$ _____
2. O/P adjustment (if used in actual grant computation)	+ _____
3. Special Need (if used in actual grant computation)	- _____
4. Child/Spousal Support Disregard	+ _____
5. Net Nonexempt Income (Enter from B11)	+ _____
6. Penalties (Such as 25% Non-Co-op, school attendance, and immunization)	_____ + _____
7. Total Available Income	\$ _____
D. RISP PAYMENT	
1. 80% of AU MAP	\$ _____
2. Total Available Income (Enter from C7)	- _____
3. RISP Payment	\$ _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
WORKER SIGNATURE	DATE

**CalWORKs APPLICANT CHOICE FORM
IMMEDIATE NEED PAYMENT/EXPEDITED
GRANT**

Case Name:

Case Number:

Worker Name/Number:

Because your emergency is an eviction and you do not have enough income and resources to pay your rent, you can choose how to get a cash aid payment.

The following conditions must be met before payment can be made:

- You must have a notice of eviction. It can include a three-day pay or quit.
- You must have insufficient funds to pay the rent that is owed.
- You must be currently living in the home.

You have two choices. Read the facts below before you make your choice. If you have questions, ask your worker.

IMMEDIATE NEED PAYMENT

If you choose an Immediate Need payment, you can get it within one working day after you asked for it. You can get what you are eligible for, or \$200, whichever is less.

After you get an Immediate Need payment, the County must decide if you can get Cash Aid within 15 working days.

The county will let you know what proof you need to show. You must give all proof of facts the County asks for within 15 working days.

Then if the County verifies your eligibility within 15 working days, the County will issue any remaining money owed to you.

EXPEDITED DETERMINATION OF CASH AID

If you choose an Expedited Grant, you can get it within three working days after you asked for it. This means, you may get all of the Cash Aid you are eligible for, even if it is more than \$200.

The County must decide if you can get Cash Aid within three working days.

The County will let you know what proof you need to show. You must give all proof the County asks for within the three working days.

On the third working day, you'll get either a full payment based on the Expedited Grant Determination or an Immediate Need payment (up to \$200).

Tell us if you want an Immediate Need payment or an Expedited Grant Determination. Check (✓) below.

☐ I want an Immediate Need Payment☐ I want an Expedited
Grant Determination Payment**CERTIFICATION**

I have read the above facts and understand when I can get an Immediate Need payment or Expedited Grant Determination payment.

SIGNATURE

DATE

COMMENTS:

RELEASE OF INFORMATION - FINANCIAL INSTITUTION

You and any member of your family for whom you are applying for aid must give us a Social Security Number(s) (SSN). The SSN(s) are needed to identify your financial account(s) and to determine your eligibility. Failure to cooperate may result in denial or discontinuance of aid. Authority: 42 U.S.C. Section 1320 b-4, and Title 22, Welfare and Institutions Code, Section 50187 (a).

Enter name and address of institution

COUNTY USE ONLY

WORKER NAME

CASE NAME

CASE NUMBER

DATE

I authorize you to release to _____ County information on the account(s) below and other information required for the purpose of determining my eligibility for public assistance. I understand I have the right to stop this authorization at any time, but that failure to cooperate may affect my eligibility. This authorization is valid for 60 days from date signed.

SIGNATURE (OR MARK) OF APPLICANT/RECIPIENT

DATE

SIGNATURE (OR MARK) OF SPOUSE

DATE

SIGNATURE (OR MARK) OF JOINT PERSON

DATE

SIGNATURE OF WITNESS TO MARK(S)

DATE

APPLICANT OR RECIPIENT:

Complete the information below for each account. Accounts include checking, savings, credit union accounts, trust funds, stocks, bonds, certificates, other (specify).

FINANCIAL INSTITUTION:

Complete items 1B, 2B and 3, and provide remarks as needed.

APPLICANT/RECIPIENT: COMPLETE THIS SECTION

APPLICANT/RECIPIENT: COMPLETE THIS SECTION		INFORMATION ITEMS	AMOUNT	DATE
1A TYPE OF ACCOUNT	ACCOUNT NUMBER	1B Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	
2A TYPE OF ACCOUNT	ACCOUNT NUMBER	2B Balance as of (Date):	\$	
NAME ON ACCOUNT (PRINT)	SOCIAL SECURITY NUMBER	Present Balance	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	Largest Deposit (other than opening)	\$	
ACCOUNT IS JOINT WITH (PRINT)	SOCIAL SECURITY NUMBER	Largest Withdrawal (within past 2 years)	\$	
ADDRESS (PRINT) NUMBER, STREET	CITY, STATE, ZIP CODE	If closed within past 2 years, final withdrawal amount.	\$	

FINANCIAL INSTITUTION COMPLETE:

3 Does this person have a safety deposit box?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any funds pledged against a loan?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were any accounts held under a different name and/or number within the past 2 years?	<input type="checkbox"/> YES <input type="checkbox"/> NO

FINANCIAL INSTITUTION REMARKS:

SIGNATURE OF PERSON PROVIDING INFORMATION (FINANCIAL INSTITUTION)

DATE

TELEPHONE NUMBER

()

STATEMENT OF CASH AID MOTHER AND UNRELATED ADULT MALE (UAM)

- You must give the county facts about the financial arrangements when an Unrelated Adult Male (not related to you or your children) lives in a household that gets cash aid. These rules do not apply to roomers or borders.
- The unrelated adult male who lives with you in your home must help pay each month for living expenses. The amount of money he pays must be at least as much as it would cost him to live by himself. The state has rules for deciding how much this should be.

CASH AID MOTHER'S STATEMENT

- An unrelated adult male lives with us.
- I give the following facts about an unrelated adult male who lives with me and the arrangements we have entered into.

1 Name of Unrelated Adult Male (First M.I. Last)					COUNTY USE ONLY	
2 We have lived together since: Month Day Year					Case Name	
3 Does he get aid, such as CalWORKs, General Assistance, Food Stamps Or Supplemental Security Income (SSI?) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown					Case Number	
Unrelated Adult Male's gross amount of monthly income \$ _____ <input type="checkbox"/> Unknown					Worker Name	
4 OUR MONTHLY HOUSEHOLD EXPENSES ARE:					Worker Number	
ITEM	TOTAL COST OF THE ITEM	THE AMOUNT I PAY	THE AMOUNT HE PAYS	PAID TO	Date	
Rent/House Payment	\$ _____	\$ _____	\$ _____		<input type="checkbox"/> Full Item Of Need	
Utilities	\$ _____	\$ _____	\$ _____		Housing \$ _____	
Food	\$ _____	\$ _____	\$ _____		Utility \$ _____	
Clothing	\$ _____	\$ _____	\$ _____		Food \$ _____	
					Clothing \$ _____	
5 In addition to the amounts in Item 4, he gives me \$ _____ each month for: (Explain)					<input type="checkbox"/> Earmarked Money	
6 Number of his dependents who live with my family _____ Do you purchase/prepare food together? <input type="checkbox"/> YES <input type="checkbox"/> NO					<input type="checkbox"/> Unearned Income	
7 Do you consider yourself and the unrelated adult male a family? <input type="checkbox"/> YES <input type="checkbox"/> NO						
CERTIFICATION FOR THE CASH AID MOTHER/UNRELATED ADULT MALE						

- I have been told the rules for the cash aid program for an unrelated adult male who lives with a family who gets cash aid.
- I understand that the unrelated adult male must:
 - Help pay each month for living expenses. The amount he pays must be at least as much as it would cost him to live on his own, according to the standards set by the state; **and**
 - Sign a statement about his financial arrangements with the cash aid mother he is living with; **and**
 - Be reported to the district attorney if he refuses to make the required contribution or refuses to sign the required statement.
- I understand that I must tell the county when there is any change(s) to the facts on this statement.

I certify that each of the statements given is true and correct to the best of my knowledge and belief. I declare under penalty of perjury under the laws of the United States and the State of California that the information in this statement is true, correct, and complete.

Signature of Cash Aid Mother	Date Signed
Signature of Unrelated Adult Male	Date Signed

SENIOR PARENT MONTHLY INCOME REPORT

(Supplement to the CW 7/SAWS 7 - Use for unaided senior parent.)

CASE NAME:

CASE NUMBER:

THIS REPORT IS FOR MONTH OF:

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your Monthly Eligibility Report (CW 7/SAWS 7) by the 5th day of the month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 5th of the month, your cash aid and cash-based Medi-Cal may be **delayed, changed or stopped**.
- If you have questions, ask your worker.

1. Did your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings account; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc? ☐ YES ☐ NO

If YES, list who received the money, the source, gross amount before deductions, and actual date received in the month. ATTACH paystubs or other proof of your parent's earnings this month. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses this month. Proof for any self-employment income or other income is needed only when it starts and when it changes.

WHO GOT THE INCOME	EMPLOYER'S NAME (✓) <input type="checkbox"/> JOB <input type="checkbox"/> TRAINING	GROSS AMOUNT					
		ACTUAL DATE RECEIVED					
			\$	\$	\$	\$	\$

WHO GOT THE INCOME	EMPLOYER'S NAME (✓) <input type="checkbox"/> JOB <input type="checkbox"/> TRAINING	GROSS AMOUNT					
		ACTUAL DATE RECEIVED					
			\$	\$	\$	\$	\$

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I received more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
- I understand that the facts I report may result in my benefits being changed or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and are complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE INCOMPLETE.

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED



COUNTY USE ONLY

IMPORTANT INFORMATION ABOUT THIS AGREEMENT

1. You must make a good faith effort to sell the property under the terms of this Agreement.

When you sign the other side of this form, you agree to start taking steps right now to sell the property and continue making a good faith effort to sell the property until it is sold or until your resources are no more than the amount a family may have and still get cash aid. To make a good faith effort to sell the property you must, at least, either:

- a) List the property for sale with a licensed real estate broker and be willing to negotiate the price and the terms of the sale with potential buyers, or
- b) Make an individual effort to sell the property, which must include all of the following:
 - Advertise once a week, in at least one newspaper of general circulation, that the property is for sale. You may stop advertising the sale, or spending your money to sell it, when your resources are no longer more than the amount a family may have and still get cash aid.
 - Place a sign on the property indicating that the property is for sale. Whenever possible, the sign shall be visible from the street.
 - Be willing to negotiate the price and the terms of the sale with potential buyers and respond to all reasonable inquiries about the property.

2. You must try to sell the property at no more than its approximate fair market value.

The fair market value of the property is your choice of:

- The assessed value of the property, or
- A valuation of the market value of the property obtained by you from a licensed real estate broker.

The county and you may agree on the market value based upon other available information when:

- a) The property is in a remote area, and
- b) It is not possible or not practical to get a valuation, and
- c) You believe that the assessed value is too high or too low.

3. Notify your County Welfare Department when:

- You sell the property; or
- You have problems selling the property; or
- You decide not to sell the property.

☐ You may want to contact the County on _____ to see if you must still spend money to sell this property.

AGREEMENT TO SELL PROPERTY

NOTE: Attach copies of information documenting other resources owned by the family at the time this agreement is signed (e.g., Statement of Facts supporting eligibility).

NAME		SPOUSE'S NAME		
CASE NUMBER	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER (SPECIFY STATE)	
Address Or Location Of Real Property	Name(s) Of Owner(s)		ESTIMATED CURRENT VALUE	AMOUNT OWED (LOANS, LIENS OTHER ENCUMBRANCES) IF ANY

CONDITIONS OF AGREEMENT

I/We understand that my/our resources, including the real property listed above, are more than the amount that a family may have and still get cash aid under the California Work Opportunity and Responsibility to Kids (CalWORKs) program. I/We request that cash aid payments be made to me/us until I/we can sell the real property described above at its fair market value. I/We agree to take all necessary and proper steps to sell this real property and to actively continue my/our efforts to do so until the property is sold or my/our resources are no more than the amount a family may have and still get cash aid. I/We understand that I/we have nine (9) months to sell the property. I/we understand that if the property has not sold at the end of nine months and my/our resources are still over the amount allowed, I/we will not be eligible for cash aid under the CalWORKs program. I/We also understand that I/we will have to repay the amount of cash aid I/we get that would not have been paid if I/we had sold the property on the day cash aid was granted under these conditions.

SIGNATURE OR MARK OF APPLICANT/RECIPIENT	CURRENT ADDRESS	CITY, STATE, ZIP	DATE
SIGNATURE OR MARK OF SPOUSE	CURRENT ADDRESS	CITY, STATE, ZIP	DATE
SIGNATURE OF WITNESS TO MARK(S)	CURRENT ADDRESS	CITY, STATE, ZIP	DATE

AUTHORITY: W&I CODE 11257.5, MPP 42-213.12

SOCIAL SECURITY NUMBER: The number will be used in the administration of the CalWORKs Program and when coordinating information with other public agencies.

AGREEMENT - RESTRICTED ACCOUNT CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS (CalWORKs) Program

WHAT IS A RESTRICTED ACCOUNT?

A "restricted account" is a savings account where a family who is getting cash aid can keep up to \$5,000 to be spent for certain things. The savings account can be in any financial institution, such as a bank, credit union, savings and loan, etc. You can have more than one restricted account, but you can have only up to a total of \$5,000 in your restricted account(s).

Money in your restricted account(s) DO NOT count against the property limit you can have and keep getting cash aid. (The property limit is \$2,000, or \$3,000 if there is at least one person in the household who is age 60 or older.) But money in a restricted account DOES count against your property limit if you are applying for cash aid. So if your cash aid stops and you reapply for cash aid, your total countable personal property, including any money in your restricted account(s), cannot be more than the property limit.

Money saved in a restricted account can only be spent for one or more allowable expenses directly related to:

- Buying a home for you to live in.
- Starting up a new business.
- Education or job training for the account holder and his/her dependents.

FACTS YOU SHOULD KNOW ABOUT STARTING A RESTRICTED ACCOUNT

Before starting a restricted account, you should have cash and other resources (such as bank accounts, stocks, real estate, etc.) close to your family's property limit. Here's why:

You cannot use any of the money in your restricted account(s) to pay for emergencies, not even when the emergency is due to a death or life-threatening situation.

RULES FOR A RESTRICTED ACCOUNT:

- **Within 30 calendar days** after you sign and date the Agreement, you must give the county:
 - the name and address of the bank, credit union, etc.
 - the name(s) as shown on the account(s)
 - the account number(s)
 - all account balance(s) and activity since the date you signed this agreement. Attach proof of the account.
- You must be getting cash aid.
- You must sign an Agreement-Restricted Account before starting each restricted account.
- You must keep the money in a financial institution, such as a bank, credit union, savings and loan, etc.
- You can **only** spend the money on an allowable expense. (See page 2 for allowable expenses.)
- You must keep the money, and any interest earned, in a restricted account(s) separate from any other account.
- Interest earned on the restricted account(s) must be deposited directly into the account(s) by the bank, credit union, etc.
- Interest sent to you and not deposited into the restricted account within 30 days will be counted as a withdrawal that is not allowable.
- Money up to \$5,000 in all restricted accounts does not count against your family's property limit. Amounts over \$5,000 will count against your family's property limit.
- When the amount of money in your restricted account goes over \$5,000 due only to interest payment(s), you can withdraw the amount over \$5,000 without a period of ineligibility. Any amount over \$5,000 counts towards your property limit.
- **Within 30 calendar days** after a withdrawal, you must give the county proof of the withdrawal and how you spent the money. (See Page 2 for types of proof.)
- **If money from a restricted account is spent on an expense that is not allowable, your cash aid can stop for a period of time called a period of ineligibility. The more money you had in the restricted account(s) before the withdrawal that was not allowable, the longer your family will not get CalWORKs. Your cash aid can be stopped even if there is no money left in your restricted account(s). (See Page 2 for facts about a period of ineligibility.)**

ALLOWABLE EXPENSES

You have the right to spend the money from the restricted account(s) for one or more allowable expenses directly related to the:

- **Purchase Of A Home For You To Live In**

Allowable expenses include:

- deposits, fees, down payment, principal payment
- closing costs
- repairs and fixtures

Allowable expenses do not include the purchase of furniture or household goods.

- **Education Or Job Training For The Account Holder(s) And His/Her Dependent(s)**

Allowable expenses include:

- fees, tuition, books, school supplies, equipment, special clothing needs
- student housing and meals
- cost of transportation to and from school/vocational training
- child care services needed to attend school.

- **Starting Up A New Business**

Allowable expenses include:

- purchase, repair and upkeep of business equipment
- tools, uniforms or other protective or required clothing and shoes
- payment on loan principal and interest for business assets or durable goods
- rent and utility payments for office or floor space
- employee salaries
- inventory; shipping and delivery costs
- business fees, taxes, insurance, bookkeeping or other professional services.

Allowable expenses do not include personal expenses, such as entertainment.

PROOF

You need to give the county proof about the restricted account(s) and how you spent money withdrawn from the account(s).

Examples of proof include:

passbook, bank statement, or receipt from a bank, credit union, etc., that shows the name and address of the bank, the name(s) on the account(s), account number(s), and all account balances and activity since the date you signed this Agreement.

Examples of proof to show how you spent the money include:

a receipt, cancelled check, or a signed statement from the provider of goods or services that shows the type and amount of expense(s) paid.

PERIOD OF INELIGIBILITY

A period of ineligibility stops your CalWORKs for a period of time. You will have a period of ineligibility if anyone:

- withdraws money from the restricted account(s) for an expense(s) that is not allowable.
- within 30 calendar days after a withdrawal:
 - does not spend the money on allowable expenses.
 - does not put back into the restricted account(s), any money that wasn't spent when the allowable expense didn't happen or was less than expected.
 - does not give proof to the county of the amount withdrawn; the balance before the withdrawal; and what the money was spent on.
- gets interest from a restricted account sent by the bank, credit union, etc. and does not put the interest back into the restricted account within 30 calendar days after getting it. (Interest that makes your restricted account(s) go over the \$5,000 limit, does not have to be put back in the account(s).)

HOW TO FIGURE A PERIOD OF INELIGIBILITY

A family of 3 saved \$5,000 in a restricted account. The family withdrew \$4,500. They only spent \$3,000 on allowable expenses and did not put the remaining \$1,500 back in the restricted account. The county will:

- Take the balance** in their restricted account just before withdrawal \$5,000
- Subtract** the amount they spent for allowable expense(s).....- \$3,000
Difference= \$2,000
- Divide** the \$2,000 difference by the minimum basic need amount (for example, if the basic need amount for an assistance unit of 3 is \$601) plus their special needs (\$0)= 3.32 months
- Round down** to the nearest whole number
of months 3 months

This family's cash aid stops for 3 months starting the first day of the month after the withdrawal. And if this family gets a cash aid payment for any months after the withdrawal, the family will be overpaid and will owe the county for that payment(s).

AGREEMENT - RESTRICTED ACCOUNT**California Work Opportunity And Responsibility To Kids (CalWORKs) Program**

CASE NAME	CASE NUMBER	WORKER NAME	WORKER NUMBER
-----------	-------------	-------------	---------------

SECTION A: Read and initial each of the rules for starting, keeping and ending a restricted account before signing this Agreement. You must fill out an Agreement - Restricted Account (CW 86) for each restricted account.

I have read the coversheet. I understand the rules and my responsibilities for starting and keeping a restricted account; the rules for a period of ineligibility; and the need to have resources close to my \$2,000 property limit (\$3,000 if there is at least one household member who is age 60 or older) for emergencies or other expenses before I start a restricted account. I understand and agree that:

- _____ Money saved in a restricted account can **only** be spent for one or more allowable expenses directly related to:
- Caretaker
- Purchase of a home that I will live in.
- Relative's
- Starting up a new business.
- Initials
- Education or job training for the account holder and his/her dependent(s).
- _____ Money must be kept in a financial institution, such as a bank, credit union, savings and loan, etc., and all money in my restricted account must be kept separate from any other account.
- _____ I can have **only** up to a total of \$5,000, even if I have more than one restricted account. Money up to a total of \$5,000 in all restricted accounts does not count against my family's property limit if I am getting aid.
- _____ If my cash aid stops for any reason, and if I reapply for cash aid, my total countable personal property, including any money in the restricted account(s), cannot be more than the \$2,000 property limit (or \$3,000 if there is at least one household member who is age 60 or older).
- _____ I will get a period of ineligibility if money from my restricted account(s) is withdrawn and is not spent for an allowable expense, even when I have expenses for a death or life-threatening emergency.
- _____ I will get a period of ineligibility if the balance in my restricted account(s) before the nonallowable withdrawal is more than my minimum basic need standard and I do not follow the rules:
- _____
- I must spend any money on an allowable expense(s) within 30 calendar days of the date of the withdrawal.
- _____
- I must give proof to my worker of the amount withdrawn, the balance prior to the withdrawal, and how I spent the money within 30 calendar days of any withdrawal.
- _____
- If the expense did not happen or was less than expected, I must put back any unspent money within 30 calendar days of the date of the withdrawal.
- _____
- Interest earned on my restricted account(s) must be deposited directly into the account(s). If interest is sent to me, I must put it back into the restricted account(s) within 30 calendar days of getting the interest.
- _____
- When the amount in my restricted account goes above \$5,000 due only to the deposit of an interest payment(s), I can withdraw the amount over \$5,000 without a period of ineligibility. If I leave the money in the restricted account, the amount over \$5,000 counts toward my family's property limit.
- _____
- I will ask my worker if I'm not sure what is an allowable expense, what proof I need, or when the proof must be given to the county.
- _____ This Agreement stops when:
- I don't give the worker proof about the restricted account(s) within 30 calendar days from the date I signed this Agreement.
 - My family is discontinued from cash aid for two or more months.
 - The restricted account is closed.
 - The law about restricted accounts changes.

SIGNATURE OF PARENT OR CARETAKER/RELATIVE	DATE OF AGREEMENT	SIGNATURE OF OTHER PARENT (IF LIVING IN THE HOME)	DATE
SIGNATURE OF WITNESS TO MARK OR INTERPRETER			DATE

I certify that the parent/caretaker relative has been given a copy of the CW 86, "Agreement - Restricted Account." The parent/caretaker relative says he/she understands the rules and his/her responsibilities for starting, keeping and ending a restricted account(s). The parent/caretaker relative also says he/she understands the rules for a period of ineligibility.

SIGNATURE OF COUNTY WORKER	DATE
----------------------------	------

SECTION B: You must fill in the information below when you start the restricted account. Sign, date, and give the original of this Agreement to the county with proof of the account within 30 days from the "Date of Agreement" in Section A above.

ACCOUNT HOLDER(S) (NAME(S) ON THE ACCOUNT)		
NAME AND ADDRESS OF BANK, ETC.	ACCOUNT NUMBER	CURRENT BALANCE
SIGNATURE OF PARENT/CARETAKER RELATIVE		DATE

REFERRAL TO LOCAL CHILD SUPPORT SERVICES AGENCY (LCSSA)*(Complete one form for each Absent Parent or Alleged Father)*

<input type="checkbox"/> TO LCSSA REPRESENTATIVE		CASE NAME	DATE OF REFERRAL										
<input type="checkbox"/> FROM CWD REPRESENTATIVE CW # PHONE		APPLICANT/RECIPIENT NAME (LAST, FIRST, MIDDLE)	AID TYPE/CASE NUMBER										
A. This case is referred to you because: <input type="checkbox"/> Action is necessary to obtain: <input type="checkbox"/> financial support <input type="checkbox"/> medical support <input type="checkbox"/> paternity <input type="checkbox"/> Recipient is receiving direct support payments. Action needed to transfer payments to county. <input type="checkbox"/> Good Cause has been (see CW 51 attached): <input type="checkbox"/> claimed <input type="checkbox"/> granted <input type="checkbox"/> denied <input type="checkbox"/> Other (see comments)		E. TYPE OF APPLICATION <input type="checkbox"/> NEW <input type="checkbox"/> REAPPLICATION <input type="checkbox"/> ADD A CHILD <input type="checkbox"/> ICT <input type="checkbox"/> RENEWAL <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ABSENT PARENT'S OR ALLEGED FATHER'S NAME</td> <td style="width: 50%;">CHILD SUPPORT FILE NUMBER</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES</td> </tr> <tr> <td>CHILD'S NAME</td> <td>DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES</td> </tr> </table>		ABSENT PARENT'S OR ALLEGED FATHER'S NAME	CHILD SUPPORT FILE NUMBER	CHILD'S NAME	DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES	CHILD'S NAME	DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES	CHILD'S NAME	DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES	CHILD'S NAME	DATE OF BIRTH <input type="checkbox"/> MFG RULE APPLIES
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B. The following information applies to this case: <input type="checkbox"/> CA 2.1(Q) Questionnaire is attached. <input type="checkbox"/> Absent parent has health insurance coverage. A copy of the DHS 6155 is attached. <input type="checkbox"/> Medi-Cal eligibility has not been determined. <input type="checkbox"/> Previously sanctioned/penalized; now agrees to cooperate/assign support rights. <input type="checkbox"/> Child no longer resides with recipient. <input type="checkbox"/> Medi-Cal Only <input type="checkbox"/> CS 909, Declaration of Paternity, is attached. <input type="checkbox"/> Other (see comments)		F. <input type="checkbox"/> APPLICANT PREVIOUSLY RECEIVED AID SPECIFY TYPE: <input type="checkbox"/> CASH AID <input type="checkbox"/> MEDI-CAL ONLY <input type="checkbox"/> TMC <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PLACE (CITY, COUNTY, STATE)</td> <td style="width: 50%;">DATE LAST RECEIVED</td> </tr> </table>		PLACE (CITY, COUNTY, STATE)	DATE LAST RECEIVED								
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C. Applicant/recipient has not agreed to: <input type="checkbox"/> Assign: <input type="checkbox"/> financial support rights <input type="checkbox"/> medical support rights <input type="checkbox"/> Cooperate in: <input type="checkbox"/> obtaining financial support <input type="checkbox"/> obtaining medical support and/or <input type="checkbox"/> establishing paternity <input type="checkbox"/> Forward support payments.		G. <input type="checkbox"/> INTER-COUNTY TRANSFER/INTERSTATE TRANSFER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">FROM (COUNTY/STATE)</td> <td style="width: 50%;">PRIOR COUNTY'S CHILD SUPPORT FILE NUMBER (IF KNOWN)</td> </tr> </table>		FROM (COUNTY/STATE)	PRIOR COUNTY'S CHILD SUPPORT FILE NUMBER (IF KNOWN)								
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D. Penalty/Sanction <input type="checkbox"/> Penalty has been applied due to non-cooperation. <input type="checkbox"/> Sanction has been applied for refusal to assign rights.		H. <input type="checkbox"/> CASH AID <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">APPROVAL DATE</td> <td style="width: 50%;">ONGOING CASH AID AMOUNT \$</td> </tr> </table>		APPROVAL DATE	ONGOING CASH AID AMOUNT \$								
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<input type="checkbox"/> TO CWD REPRESENTATIVE CW #		DISCONTINUANCE DATE											
<input type="checkbox"/> FROM LCSSA REPRESENTATIVE PHONE		REASON/CODE FOR DISCONTINUANCE											
<input type="checkbox"/> Applicant/recipient <u>has</u> cooperated with the law. <input type="checkbox"/> Applicant/recipient <u>has not</u> cooperated with the law: <input type="checkbox"/> Did not appear and/or provide verbal, written or documentary information <input type="checkbox"/> Rescheduled appointment on _____ <input type="checkbox"/> kept <input type="checkbox"/> failed <input type="checkbox"/> Refuses to appear as a witness at court or other hearing <input type="checkbox"/> Refuses to transmit child support payment(s) received directly from the absent parent <input type="checkbox"/> Other (see comments) <input type="checkbox"/> This is a notice of renewed cooperation. <input type="checkbox"/> Paternity <input type="checkbox"/> has <input type="checkbox"/> has not been established. <input type="checkbox"/> Support order established. <input type="checkbox"/> CS 909, Declaration of Paternity, is attached. <input type="checkbox"/> Other (see comments)		I. <input type="checkbox"/> MEDI-CAL ONLY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">DATE MEDI-CAL BEGINS/CONTINUES</td> <td style="width: 50%;">DATE DISCONTINUED</td> </tr> <tr> <td colspan="2">REASON FOR DISCONTINUANCE</td> </tr> </table>		DATE MEDI-CAL BEGINS/CONTINUES	DATE DISCONTINUED	REASON FOR DISCONTINUANCE							
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Comments: